



MEDICAL POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Effective Date
Metabolic and Bariatric Surgery for < 18 Years of Age		MM-0258	01/01/2021-11/30/2021
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

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A. SUBJECT

Metabolic and Bariatric Surgery for < 18 Years of Age

B. BACKGROUND

Bariatric surgery is a procedure of last resort, used to treat morbid obesity when other methods of weight management have failed. The term “bariatric surgery” is a collective term used to refer to procedures that involve restricting the stomach size with or without a bypass of the stomach to alter the digestive system. The primary goal of bariatric surgery is to achieve weight loss through restriction of the ability to eat, restriction of the body’s ability to absorb nutrients and calories, or a combination of both. These surgeries are categorized as “restrictive” or “malabsorptive,” depending on the procedure used.

C. DEFINITIONS

- **Body Mass Index For Age Percentile (BMI)** – BMI is a person’s weight in kilograms divided by the square of height in meters. BMI is age and sex related for children and teens and is often referred to as BMI-for-age.
- **Morbid obesity** – A body mass index (BMI)² of at least 35 kilograms per meter squared, with comorbidity or co-existing medical conditions, such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes; or a BMI of at least 40 kilograms per meter squared without comorbidity.
- **Unsuccessful weight-loss therapy** – A weight regain of more than 3 kilograms (6.6 pounds) in 2 years and the inability to reduction in waist circumference of at least 4 cm.
- **Unsuccessful weight-loss maintenance** – A weight regain of more than 3 kilograms (6.6 pounds) in 2 years and the inability to maintain a sustained reduction in waist circumference of at least 4 centimeters.
- **Physician-supervised nonsurgical medical treatment** – Includes a diet to help create a 500 to 1,000 kcal/day deficit; an increase in physical activity; and strategies to change eating and physical activity behaviors.
- **Major life activity** – Self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living or economic self-sufficiency.

D. POLICY

- I. A prior authorization is required.
- II. Metabolic and bariatric surgery is considered medically necessary when all of the following are met:
 - A. Primary diagnosis is morbid obesity (E66.01) with the most specific procedure code available that represents the procedure performed.
 - B. Member is less than 18 years of age.
 1. The member is morbidly obese as defined by either of the following:
 - a. BMI ≥ 40 kg/m² and at least one comorbidity that is uncontrolled with lifestyle or pharmacotherapy management:
 01. Hypertension
 02. Insulin resistance
 03. Glucose intolerance
 04. Substantially impaired quality of life or activities of daily living



- 05. Dyslipidemia
 - 06. Sleep apnea with AHI ≥ 5 ; or
 - b. BMI ≥ 35 kg/m² and at least one comorbidity with significant short-term health effects and is uncontrolled with lifestyle or pharmacotherapy management.
 - 01. Type II diabetes
 - 02. Moderate to severe sleep apnea (apnea-hypopnea index {AHI} ≥ 15)
 - 03. Severe nonalcoholic steatohepatitis
 - 04. Pseudotumor cerebri
 - and
 - 2. Failed weight-loss therapy as meeting one of the following criteria:
 - a. Unsuccessfully weight-loss therapy:
 - 01. Morbid obesity has persisted for at least 5 years; and
 - 02. Physician-supervised nonsurgical weight-loss program has been unsuccessful for at least 6 consecutive months within the last 2 years; or
 - b. Unsuccessful weight-loss maintenance:
 - 01. Member successfully achieved weight loss after participating in a physician-supervised nonsurgical weight-loss program, but has been unsuccessful at maintaining weight loss for 2 years (> 3-kilogram [6.6-pound] weight gain).
 - C. The member has reached sexual maturity and has reached a Tanner Scale stage IV or V plus 95% of predicted adult stature based on bone age.
- III. Written clinical documentation and supporting information must include all of the following:
- A. Signed documentation of informed consent from the member acknowledging an understanding of pre- and postoperative expectations;
 - B. The results of the physician-supervised nonsurgical weight loss program for at least 6 consecutive months (including unsuccessful weight loss or unsuccessful weight maintenance after successful weight loss);
 - C. Must have documentation in the medical record by two physicians who have determined bariatric surgery is necessary to save the life of the member or restore the member's ability to maintain a major life activity;
 - D. Evidence that the member has the emotional maturity, decisional capacity, family support, and family willingness to participate in lifestyle changes.
 - E. Consultation reports from other practitioners (anesthesiologist, pulmonologist, cardiologist, and so on) who have seen the member for evaluation if applicable.
 - F. Documentation illustrating that the member has been evaluated from a psychological standpoint by the treating behavioral health provider (a psychiatrist or licensed health service provider in psychology (HSPP)) including consideration of all of the following:
 - 1. A list of co-existing psychiatric conditions including those that are considered as contraindications to the surgery; and
 - 2. An assessment of any psychosocial needs with recommendations for treatment if necessary.
 - F. Documentation substantiates that the:
 - 1. Member is able to understand, tolerate, and comply with all phases of care and is committed to long-term follow-up requirements;
 - 2. Member is abstinent from alcohol use, illicit drug use, and tobacco use;



3. Member has a negative urine drug screen;
 4. Member has received a thorough explanation of the risks, benefits, and possible complications of the procedure.
 5. Treatment plan includes preoperative and postoperative dietary evaluations;
 6. Postoperative expectations have been addressed before the bariatric surgery; and
 7. Member has agreed in writing to participate in all preoperative and postoperative evaluations and sessions considered essential to his or her having a successful outcome to the bariatric surgery.
- IV. Contraindications/Non covered procedures
- A. Surgery is contraindicated in the following:
1. Active psychosis;
 2. Uncontrolled depression;
 3. Borderline personality disorder
 4. Other complex psychiatric problems that might interfere with a successful weight loss outcome
 5. Active abuse of alcohol, illicit or social drugs and other chemicals, or tobacco use during the 6 months before the request;
 6. Diagnostic and Statistical Manual of Mental Disorders criteria for bulimia or binge-eating disorder, and
 7. Other eating patterns that are likely to interfere with postsurgical safety and success.
- B. The intended procedure is not covered if it is experimental or investigational. The procedure must meet current standard of care guidelines including safety or efficacy standards.
- V. Only the following procedures are covered:
- A. Laparoscopic sleeve gastrectomy; and
 - B. Roux-en-Y gastric bypass.

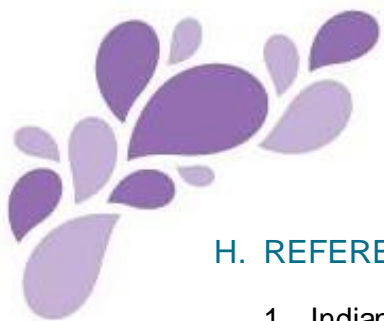
E. CONDITIONS OF COVERAGE

F. RELATED POLICIES/RULES

Metabolic and Bariatric Surgery for 18 years of age and Older
Revision of Metabolic and Bariatric Surgery

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	05/15/2009	New Policy.
Date Revised	10/28/2017 05/01/2018 01/01/2020 07/22/2020	Revisions include Tanner Stages, Growth Charts and BMI charts Changed title from obesity surgery. Updated per 2018 guidelines. Updated per IN manual and bulletins. Created an individual policy for revisions
Date Effective	01/01/2021	
Date Archived	11/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy



H. REFERENCES

1. Indiana Healthcare Program Bulletin (2014, April 29). BT201420. Retrieved June 5, 2020 from www.provider.indianamedicaid.com
2. Indiana Family & Social Services Administration. (2019, January). Surgical Services. Retrieved June 5, 2020 from www.in.gov
3. Indiana Healthcare Program Bulletin (2015, December 15). BT201583. Retrieved June 5, 2020 from www.provider.indianamedicaid.com
4. Indiana Administrative Code (2016, November 1). 405 IAC 5-3-13 Services requiring prior authorization. Retrieved June 25, 2020 from www.iac.iga.in.gov

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

IN-MED-P-235225

Date Issued 05/15/2009

OMPP approved 10/06/2020